



0621-05

JFW 1642

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AMENDMENT TRANSMITTAL LETTER

Docket No.
PTZ-007Application No.
10/071521-Conf. #1273Filing Date
February 8, 2002Examiner
Davis, Minh TamArt Unit
1642Applicant(s): Lere BAO *et al.*

Invention: PIN1 AS A MARKER FOR PROSTATE CANCER

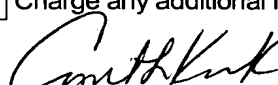
TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
|--|---|---|-----------------------------------|------|--------|
| Total Claims | 65 | - 88 = | 0 | x | |
| Independent Claims | 3 | - 9 = | 0 | x | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): Extension for response within third month | | | | | 510.00 |
| Submission of IDS | | | | | 180.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 690.00 |

☐ Large Entity☒ Small Entity☐ No additional fee is required for this amendment.☒ Please charge Deposit Account No. 12-0080 in the amount of \$ 690.00.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 12-0080
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.
Cynthia L. Kanik, Ph.D.
Attorney Reg. No.: 37,320

Dated: January 18, 2005

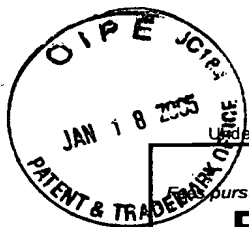
LAHIVE & COCKFIELD, LLP
28 State Street
Boston, Massachusetts 02109
(617) 227-7400

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 608 867 186 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 18, 2005

Signature: 

(Cynthia L. Kanik, Ph.D.)



| | | | |
|---|---------------------|--------------------------|-----------------------|
| Effective on 12/08/2004. Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| FEE TRANSMITTAL For FY 2005 | | Application Number | 10/071521-Conf. #1273 |
| | | Filing Date | February 8, 2002 |
| | | First Named Inventor | Lere BAO |
| | | Examiner Name | Davis, Minh Tam |
| | | Art Unit | 1642 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | Attorney Docket No. | PTZ-007 | |
| TOTAL AMOUNT OF PAYMENT | (\$) 510.00 | | |

| | |
|---|---|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Money Order | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: 12-0080 |
| Deposit Account Name: Lahive & Cockfield, LLP | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| | | | | | | | |
|---|---------------------|---|--------------------|--------------------------------|----------------------------------|------------------------------|-----------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| Application Type | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| | | | | | | Small Entity Fee (\$) | Fee (\$) |
| Fee Description | | | | | | | |
| Each claim over 20 (including Reissues) | | | | | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | | | | | 200 | 100 |
| Multiple dependent claims | | | | | | 360 | 180 |
| Total Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | |
| 65 | | - 88 = 0 | x | = | Fee (\$) | | Fee Paid (\$) |
| Indep. Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| 3 | | - 9 = 0 | x | = | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | | Fee (\$) | Fee Paid (\$) | | |
| | - 100 = | /50 | | (round up to a whole number) x | = | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | Fees Paid (\$) | |
| Other (e.g., late filing surcharge): 2253 Extension for response within third month | | | | | | 510.00 | |
| 1806 Submission of IDS | | | | | | 180.00 | |

| | | | |
|---------------------|-------------------------|-----------------------------------|------------------|
| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 37,320 |
| Name (Print/Type) | Cynthia L. Kanik, Ph.D. | Telephone | (617) 227-7400 |
| | | Date | January 18, 2005 |

| | |
|---|---------------------------------------|
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| Dated: January 18, 2005 | Signature: (Cynthia L. Kanik, Ph.D.) |